

RECEIVED
CENTRAL FAX CENTER
FEB 15 2005

FAX TRANSMISSION

DATE: February 15, 2005

PTO IDENTIFIER: Application Number 10/072,282-Conf. #1776

Patent Number

Inventor: Sunil Kumar Dhuper

MESSAGE TO: Examiner M. Patel Art Unit: 3743
US Patent and Trademark Office

FAX NUMBER: (703) -306-4520

FROM: DARBY & DARBY P.C.

Edward J. Ellis

PHONE: (212) 527-7704

Attorney Dkt. #: 20379/0202553-US0

PAGES (Including Cover Sheet): 3

CONTENTS: Power of Attorney and Correspondance Address Indication Form (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (212) 527-7704 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

DARBY & DARBY P.C.

P.O. Box 5257, New York, New York 10150-5257

Telephone: (212) 527-7700 **Facsimile:** (212) 527-7701

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

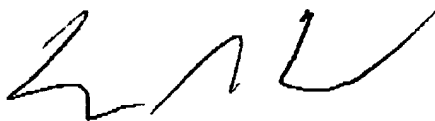
Application No. (if known): 10/072,282

Attorney Docket No.: 20379/0202553-US0

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 15, 2005
Date



Signature

Edward J. Ellis

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Power of Attorney and Correspondence Address Indication Form (1 page)

FEB.15.2005 11:49AM DEPT. OF MEDICINE

NO.360 P.5/5

DARBY &
DARBY

PTO/SB/81 (11-04)
Approved for use through 11/30/2006, OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/072,282	
	Filing Date		February 11, 2002	
	First Named Inventor		Sunil Dhuper	
	Title		ENDOTRACHEAL TUBE WITH AEROSOL DELIVERY APPARATUS	
	Art Unit		3761	
	Examiner Name		M. Patel	
Attorney Docket No.		20379/9420379-000		

I hereby revoke all previous powers of attorney given in the above-identified application.
I hereby appoint:

☒ Practitioners associated with the Customer Number: 07278
OR
☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:
OR
☐ The address associated with Customer Number:

☐ Firm or Individual Name David Leason
Darby & Darby P.C.


Address P.O. Box 5257

City	New York	State	NY	Zip	10160-5257
Country	US	Telephone	(212)527-7700	Fax	(212)527-7701

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			Date	February 15, 2005
Name	Sunil Dhuper		Telephone	
Title and Company	Applicant/Inventor			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

{W:\20379\9420379000\00363939.DOC +203799420379000* }